

Brookfield Senior Center Registration

Date _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone No: _____ Cell: _____

Email: _____ Birth date: _____

Person to contact in case of emergency: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Work: _____ Cell: _____

Signature: _____

Date you first joined Brookfield Senior Center (approximate is OK) _____

I would like to receive the Newsletter:

Email (this is the quickest) _____

I will pick up at the Center (thank you for saving us the cost of postage) _____

Postal Mail _____